


Board of Directors' Meeting 14 July 2022

Agenda item	127/22		
Report	Ockenden Report Assurance Committee 21 st June 2022 – Co-Chairs' Summary Highlight Report		
Executive Lead	Director of Governance & Communications		
	Link to strategic pillar:		Link to CQC domain:
	Our patients and community	√	Safe
	Our people	√	Effective
	Our service delivery	√	Caring
	Our partners	√	Responsive
	Our governance	√	Well Led
	Report recommendations:		Link to BAF / risk:
	For assurance	√	BAF 1, BAF 4
	For decision / approval		Link to risk register: 970, 1083, 1930, 2027, 2065
	For review / discussion		
	For noting		
	For information		
For consent			
Presented to:	N/A		
Dependent upon (if applicable):	N/A		
Executive summary:	<p>1. The eleventh meeting of the Ockenden Report Assurance Committee was held on 21 June 2022, the first since the publication of the final Ockenden Report on 30 March, and was livestreamed in public. This brief report provides a summary of key points/issues that the Co-Chairs wish to draw to the attention of the Board of Directors.</p> <p>2. Recommendation</p> <p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Take assurance from the contents of the report 		
Appendices	None		
			

Ockenden Report Assurance Committee

21 June 2022

Co-Chairs' Summary Highlight Report

1. The eleventh meeting of the Ockenden Report Assurance Committee was held on 21 June 2022, the first since the publication of the final Ockenden Report on 31 March, and was live streamed in public. Board members will recall that it was agreed that the Committee would not meet in April and May in order that the final Ockenden Report could be thoroughly considered and a response and actions developed by the Trust. Once this had been undertaken, the Committee would be re-convened in June to consider how it will continue to support the Trust and provide assurance in relation to any recommended actions which emerge from the final Ockenden Report. In the meantime, reports have continued to be received by Board during the intervening period since publication of the final Ockenden Report, ensuring that progress has continued to be tracked and assured during April and May.
2. This brief report provides a summary of the key themes discussed and highlights any particular matters which the Co-Chairs feel should be drawn to the attention of the Board of Directors.
3. Again, on this occasion, Ms Jane Garvey chaired the meeting. The Committee heard from the Women's and Children's Divisional Team in relation to progress regarding implementation of the interim/first Ockenden Report and progress in reviewing and progressing actions in relation to the final Ockenden Report. The Committee also considered the future format of its meetings.
4. **Progress Update in implementing the actions from the First Ockenden Report**

Mr Martyn Underwood (Medical Director, Women's & Children's Division) and Ms Carol McInnes (Director of Operations, Women's & Children's Division) gave an update on progress in implementing the actions from the first Ockenden Report. 47 of the 52 actions have been implemented (89%) overall, as follows –

- 42 (79%) have been evidenced and assured
- 4 (8%) have been delivered but not yet evidenced
- 6 actions (11%) have not been delivered, and of these 5 are 'on track' to be delivered and 1 is 'off track'.

Of the actions not yet delivered, 5 are Immediate and Essential Actions and are dependent on external dependencies (e.g., the national requirement for Trusts to appoint senior independent advocates, the requirement for more than single Trust

representation within a Local Maternity and Neonatal System, etc). In relation to the LMNS action, we heard that an exception report is to be presented to the June meeting of the Maternity Transformation Assurance Committee,. It is important that progress is made in achieving this required action as it has been under discussion now for some time.

The only outstanding Learning Action for Local Action (LAFL 4.73), which is also the Immediate and Essential Action 4.3, relates to the national/regional dependency on the establishment of the Maternal Medicine Specialist Centres, for which a completion date of October 2022 has been assigned.

Three of the actions (LAFLs 4.87 – 4.89) that have been delivered but not yet evidenced (RAG rated amber) relate to the need to audit the obstetric anaesthetic actions – e.g., the need to complete the audits of the guidelines that have been reviewed and updated, with the action on track for completion by October 2022. As a further step we heard that a new anaesthetics workstream has been added to the Maternity Transformation Programme (MTP) to ensure embedding of anaesthetic related actions.

Helpfully, Mr Underwood also shared the Division’s perspective on the key learning that had taken place in the past 18 months following the publication of the first Ockenden Report, specifically in relation to those issues have been embedded and are being sustained and those that require further improvement. The Division should be commended for its reflective learning and the way that it has embraced the need to implement the actions arising out of the Ockenden Reports.

It is also worth noting that in response to a question from the Chair of the Trust’s Audit Committee about the process for signing off embedded actions, Mr Underwood confirmed the rigorous process in place to audit and provide the necessary level of assurance that actions had been delivered and were being sustained. This has been based on the approach that has been taken throughout to RAG rating all actions and only genuinely signing off on completion based on auditable evidence.

5. The Final Ockenden Report

Before the Committee heard in detail about the approach to implementing the actions from the final Ockenden Report, Ms Carol McInnes explained the arrangements that had been put in place to support families and staff at the time of the publication of the final Ockenden Report and on an on-going basis. There was also general discussion about how staff reacted and were feeling after the publication of the report. It was confirmed that generally staff had been relieved that the long-awaited report had finally been received and wished to progress the implementation of its actions resulting in sustained improvements in maternity services.

Ms Carol McInnes and Ms Annemarie Lawrence (Director of Midwifery) gave a detailed account of the work that had been undertaken, since the publication of the report, to review and plan the implementation of the required actions. Three

multidisciplinary team 'Away Day' Ockenden Planning workshops had been held, resulting in a consolidated action plan and agreed delivery approach based on seven delivery workstreams with leads – clinical quality and choice; people and culture; governance and risk; learning, partnerships and research; communications and engagement; maternity improvement plan; obstetric anaesthetics.

It is worth noting the following –

- So far, 11% (18/158) of the final Ockenden actions have been delivered. Work is underway to deliver the remaining 88% to improve our maternity care.
- Twenty-seven actions have not yet been assigned delivery dates, due to complexities or external dependencies. These continue to be worked upon.
- Executive Directors to complete a confirm and challenge exercise with the W&C Division to review the action plan and proposed approach. This is in the process of being arranged.

6. Conclusion and Future Meetings

I wish to make some general observations some of which I shared at the meeting. First, the Women's & Children's Division should be commended for its reflective learning and the way that it has embraced the need to implement the actions arising out of the Ockenden Reports. One external member of the Committee expressed this well when he said that the Trust had set a high bar for itself in its adoption of a rigorous process as part of the necessary assurance that it needs, to ensure that all actions have been implemented and are being sustained as a way to improving maternity services. Secondly, it is important that in adopting this rigorous approach, progress, nevertheless, continues to be made at a pace commensurate with this approach. The Executive Directors' confirm and challenge session with the Division's leadership team will be helpful in this regard as will the on-going monitoring of the action plan by this Committee and the Board. Thirdly, it is important that the actions arising from the report are well understood and appreciated by the Board. The Board will review and confirm the plan together, at a Board Seminar; I also extend an open invitation to Non-Executive Directors who are not members of the Committee to attend ORAC when able, to hear directly reports on progress and offer challenge.

Finally, we discussed ways of improving the work of the Committee further by ensuring that positive examples are identified where implementing the actions of the Ockenden Reports has led to genuine service improvements.

Dr Catriona McMahon
Co-Chair, Ockenden Report Assurance Committee
3 July 2022